THE RECOVERY KERNEL

DISCONTINUANCE PROTOCOL: 3-MMC

3-Methylmethcathinone (Metaphedrone) – Compulsive redosing, chemsex context, and polypharmacy.

Dis guide dey because di big binge, not di withdrawal, na where most of di real danger dey.

⚠ DIS NA RESOURCE FOR HARM REDUCTION – NO BE MEDICAL ADVICE | Crisis: kpol 112 oder send text to 08062106493.

Di withdrawal from 3-MMC, for itself, no dey usually be di mos dangerous part of stopping. Wet dey dangerous na di binge itself – di short time wey e take affect, wey make person dey take am again every 30 to 60 minutes, sometimes for many hours, with di strain on heart dey increase gradually, and no get any natural way to stop. Dis guide don organize based on dis truth: how to survive the end of a binge safely, understand wetin dey happen after, and – because people often use 3-MMC wit other substances – make sure say we sabi wetin dey happen when dem combine.

Section 0 — Urgent Safeti: Read Dis Firs.

🚨 MEDICAL EMERGENCY

IF YOU DEY FOR MID-BINGE OR DON STOP AFTER BIG BINGE, LOOK OUT FOR: PAIN FOR chest, HEART WEI DEY BEAT FAST OR UNREGULAR, BODY TEMPERATURE WEI dey high pass, SEIZURE, STRONG AGITATION OR PARANOIA, OR LOSS OF CONSCIOUSNESS. DIS NA SYMPATHOMIMETIC TOXICITY — ONE CARDIOVASCULAR AND NEUROLOGICAL EMERGENCY. CALL 112. DI RISK DEY INCREASE WIV EVERY TIME YOU TAKE MORE DRUGS FOR ONE SESSION, NO JUST WIV di last one.

🚨 MEDICAL EMERGENCY

IF opiods don use wit 3-MMC (including for chemsex wey opioids fit use to komot), dey look for slow or stop bret, blue lips or fingertips, and person no dey respon'. Dis na opioid overdose. If Naloxone dey, give am and call 112 immediately. Most deaths wey don happen because of 3-MMC involve other substances, mostly opioids and oda stimulants wey people take togeda.

⚠ KITION.

Dis guide no go give you plan on how to gradually stop taking 3-MMC, or tell you how often to take more, or any advice on how to use am. Because di danger of dis drug dey build up over time and depend on how much you take for one session, e no safe to give any 'safer' plan for taking more – any number wey dem give go lie about di real risk. Instead, dis guide go show you how to safely finish a period of heavy use and how to get medical help and support so dat you fit stop completely.

Section 1 — Wetin make dis program focus on di binge, and not just di substance?

THE CENTURION - Di tin wey make am hard to finish one session.

3-MMC dey break down for body within one hour, and di effects fit start to fade inside thirty to sixty minutes afta you take am. Na dis speed be di reason why people start use dis drug afta mephedrone don ban, and na im also be di reason why di guide on how to stop using am need to dey different from other guides wey we get. Normally, no dey one time wey you go take last dose and just wait for am finish. Instead, na like say di session dey repeat itself, person dey take small dose again and again, until sometin happen — tire, no get drug again, decide to stop, or for di worst cases. one medical problem fit end am.

Dis na why di biggest ting wey fit help person stop using 3-MMC no be how to manage wetin dey happen afta. Na to plan ahead, make sure say you get a clear plan of how di process go end — who you go tell, wetin you go hide away, and wetin go happen for di one hour wey di urge to take more drug strong pass. Section 6 and di part about craving interrupt for di companion Recovery Guide dey talk about dis directly.

Section 2 — Di Time Wey Withdraw Go Tek.

Phase	Typical Window	Wat dey happen?
Sharp fall.	Few hours afta di laste dose wey pesin take for binge.	Sarp fatigue, bad mood, and ofen a strong urge to take more drugs—dis na di time wey dey most dangerous, because e fit make person kontinue to use drugs instead of stop.
Withdrawal early.	Days 1–5	Irritabilidi, anxieti, sleep wey no dey regular, appetite wey change; kpatakpata problem (like heart dey beat fast, heart rate high) fit last one or two days afta yu do heavy binge, and na im important say you seek medical help if dem no go.
Stabilizasyon.	Wiks 1-4	Slep and apetite dey komot gradually.
PAWS	Months 1–6	Intermittent low mood and cravings dey happen, and dem usually start because of things wey remind you of di time when you dey binge, or people/places wey you associate wit am.

Section 3 — How long e go take before things dey normal again?

For small, occasional use, most serious symptoms dey go after few days. But for people wey dey do drug binge consistently, di main recovery time na usually 2 to 6 weeks before dem feel stable again, and their sleep don regular. But sometimes, dem fit still get some PAWS (Post-Acute Withdrawal Symptoms) for several months. If person dey use chemsex or multiple drugs (Section 6), how long e go take to recover depend on how dem handle those substances. Treating only one drug like 3-MMC when na just one part of a bigger problem usually no show how long e go take for full recovery.

DEY LISTEN.

If yu don stop and di first few days feel worse dan you expect, na so fast-acting stimulant dey affect body wey bin dey take dose every half hour for hours. Dis no mean say e no dey work. Na di "crash" wey di mechanism for Section 1 talk about.

Section 4 — Wetin You Go Fit Experience Mo.

- One quick, fast fall instead of a slow fade—dis na how 3-MMC dey clear from di body.
- One unusual strong desire to take di drug again, for de first few hours afta you stop, and e dey stronger pass di normal cravings wey dey come gradually when you use drugs wey no work fast.
- Kardiovaskula side effects wey fit komot afta heavy use (like rapid heartbeat, palpitations) dey fit last for one day or more, even afta di drug don go. Make sure you check am instead of just assume say dem go disappear on dia own.
- If dem dey use chemsex or multiple drugs, di process of stopping 3-MMC fit hard to differentiate from di withdrawal symptoms or "comedown" wey dey come from oda drugs wey person don take for di same time.

Section 5 — Genetic Cross-Reference

Jin / Variante	Dis activity fit help pesin wey dey tink of stop taking drugs, or don already stop, feel betta and get support. [List of activities] * Talk about how you dey feel. * Share your story with other people. * Learn from other people's experiences. * Get encouragement and support. * Make new friends. * Find out about resources wey fit help you. Dis activity go help the group feel safe and connected. [Important information] * Medical help is not failure. * If you get any serious problem, findahelpline.com dey available to help. * You no dey alone. Call one person wey you trust — your friend or family.
DRD2 (Taq1A)	A1 allele wey dey carry people fit feel di effect of taking dose again (redosing) strong pass, because dem get less receptors for body wey go react wit 3-MMC, and 3-MMC no last long for body.
COMT (Val158Met)	Dis dey control how dopamine withdrawel dey happen, and e shape wetin di natural reward system need to provide afta recovery – see di otah guide, section 6.
MAOA (uVNTR)	Di speed wey body dey klia monamine fit infuens how quick di "crash" go kam afta somebody don finish to dey overdo things.

Section 6 — Di use of many drugs at same time, and how e relate to chemsex.

Di way wey people dey use 3-MMC, e no dey always alone. If you sabi wetin oda tins dey usually involved with am, e go change how you fit stop using am safely.

6.1 — Opioids (''Speedballing'')

MEDICAL EMERGENCY

MOST CONFIRMED 3-MMC-RELATED DEATH DON HAPPEN BECAUSE PERSON DEY TAK OTHER THINGS — MOST TIMES, OPPIOIDS taken wit stimulan. Wen you take stimulan wit opioid, di warning signs wey each one dey show go hide from di other – di effects of di stimulan fit cover di sleepiness wey opioid overdose dey cause, until e don reach serious level. If na dis way you dey do things, carry Naloxone, never use alone, and see dis as di biggest risk for all di tins we talk about for dis guide.

6.2 — GHB and Methamphetamine (Chemsex/Chemfun Patterns)

3-MMC dey often use wit GHB and/or methamphetamine for chemsex. Every oda drug get im own way of withdrawal and risk wey dis guide no cover. If dis be your pattern, read di Recovery Kernel guides on stopping Methamphetamine and GHB wey dey in dis series, alongside dis one. GHB especially get risks of withdrawal (including seizure) wey need special medical attention, you fit find am for Section 0 of dat guide.

6.3 — Injectin Us (Slamin)

If 3-MMC don dey use by injection, di plan to stop using am must include testing for virus wey fit enter through blood (like HIV and hepatitis C), and check how di places wey person dey inject dey. No matter how dem go handle di problem of using di substance, dis one important. Health services wey specialize for people wey dey use drugs for sex, and places wey give needles, dey for most big cities, and dem fit do am discreetly. Na good place to start even before talk about wetin cause person to dey use di drug.

6.4 — Any pre-existing heart problem or mental health condition.

⚠ **KITION.**

If you get personal or family history of heart problem, high blood pressure, psychosis, or bipolar disorder, di risk wey 3-MMC go cause don change big time, especially because e affect heart and brain. If dis one dey apply to you, tell any doctor wey dey treat you directly — na im go affect how urgent e be to stop using am, and also wetin kind medical checkup dem need to do while you dey stop.

Section 7 — Use Pattern Classification.

Level	Pattern.	Wat dis guide dey recommend.
1 — Eksperiment	Wan or two times only, just one dose, no dey use am too	Di Recovery Guide dey get good information about how body fit heal itself.

Level	Pattern.	Wat dis guide dey recommend.
al	much.	If you don see any problem wey involve your heart, make you go see doctor.
2 — Social use wey no dey too frequent.	Intermittent use, usually with small doses and sometimes repeated.	Same as above, with attention to Section 6 if any co-used substances are part of the pattern
3 — Regular binge pattern	Sesions wey dey involve many doses for many hours, and dem dey repeat again and again.	Dokta shuld dey involved, especially if dem do chack up on your heart because of all di stress wey binge eating fit cause.
4 — Frequent use, chemsex, or polydrug use.	Dem dey take too much drugs, ofen wit GHB, methamphetamine, opioids, or dey inject am.	Medical supervision dey very important; address di whole problem wey involve drugs, no just focus on 3-MMC alone — see Section 6.

Section 8 — Di Medical Detox Protocol.

No get any medicine wey FDA don approve for 3-MMC oder synthetic cathinone withdrawal, and no get standard way to do detoxification wey dey specific for dis kain drug. Because heavy use of di drug fit put pressure on di heart, na good idea make dem check person heart before even talk about how dem dey use di drug—especially if person don experience palpitations (heart dey beat fast), pain for chest, oder heart rate wey high well-well while dem dey use di drug.

⚠ KITION.

Dis guide no go explain how to gradually reduce di dosage of 3-MMC, or how to reduce how often you take am again, or how to administer am. A doktor wey sabi your own pattern of use, how often you dey do binge, and any other tins wey you dey take with am na im fit give you dat kain specific information.

Wat to bring to di appointment:

- One true story about how long sessions dey last, how often people take more dose, and how dem dey administer am.
- Any substance wey dey mixed with am, espesially opioid drugs, oda stimulant drugs, GHB, or alcohol.
- Whether you don see any kain problem wey dey affect your heart, like pain or feeling weak, while you dey do binge or afta? Even if di problem don disappear by itself.
- If pip don dey use injection, make dem do test for BBV.

Section 9 — Di Recovery Protocol (After di Acute Stage).

Dis part dey start afta any serious medical problem don solve (Section 0).

Tier 1 — Biological Foundation

- 5-MTHF (aktive folate) – e don help wit di process wey dey involve in makin neurotransmitters, and dis process depend on methylation.
- Magnesium glycinate – e don help with sleep and make heart dey well again afta di stress wey binge fit cause.
- Omega-3 (EPA/DHA) – e don help reduce inflamation wey dey affect brain, and e good for heart health. E get strong evidence say e safe to use.
- Na important say you dey take water well-well, and get enough electrolytes, especially for di first few days. Often times, people dey overeat, and dis one fit cause dehydration wey go make person tire pass, and put pressure on di heart.

Tier 2 — Medical Support

Cardiovascular check-up go dey important if dem see any symptom wey show during di time wey person dey take drugs. Decisions about medicine for di addiction itself (like bupropion, NAC, or oda medicine wey dey use sometimes but no officially approved) na something wey doctor go discuss with you for Section 8, and e go depend on your own situation and any other substance wey you dey use.

Tier 3 — Nervous system regulation and environmental redesign.

- Di way we dey control wetin dey available na very important for dis place, because say di availability of tins direct affect how people go take dose again and again, like as e dey explain for Section 1.
- Everyday deep breathing exercises and regular aerobic exercise fit help dopamin make we well again, and e don help make heart dey strong.
- Plan spesifically for di places wey bings dem dey happen – chemsex apps, specific places, and specific people – make sure say you do real tings, no just talk about am.

Section 10 — Emergency Recognition, Re-stated.

□ MEDICAL EMERGENCY

GO TO EMERGENCY ROOM IMMEDIATELY FOR: chest pain, heart wey dey beat fast or irregular, body temperature wey too high, seizure, serious agitation or paranoia wey dey increase, or loss of consciousness – during a binge or for hours afta. IF OPIOIDS DEY INVOLVED: breathing wey slow down or stop, lips or fingers wey turn blue, person no dey respond – give Naloxone if you get am and call 112. For low mood, tiredness, and sleep problem without any of di above, dis na normal tins wey dey happen according to timeline for Section 2, and you fit contact doctor same day, but e no be emergency wey need go ER.

Section 11 — Kompleet Protokol Kros-Referens Mapa.

If dis dey apply to you.	Okay.
General information about 3-MMC recovery, including biology and genetics.	Recovery Kernel — How to recover from 3-MMC (kompanion gaaid).
Methamphetamine wey person dey take wit other drugs.	Recovery Kernel - Protokol for stop use: Methamphetamine.
Co-use of GHB / GBL / 1,4-BD.	Recovery Kernel - Protokol for stop using GHB:
Opioid wey person dey use wit oda drugs.	Recovery Kernel - Protokol for stop using opioids.

Synthetic cathinones na group of drugs wey dey similar to amphetamines and cocaine. Dem fit get different names, like "bath salts," "plant food," or "research chemicals." But dem no be real plant food or research materials.
 	
Dem dey sell online or for some shops as powder, capsules, or tablets. People dey use am for recreation, but dem sabi cause serious health problems.
 	
[
* Synthetic cathinones fit make person feel high, energetic, and happy.
* But dem also fit cause anxiety, paranoia, hallucinations, and seizures.
* Overdose of synthetic cathinones go fit lead to heart attack, stroke, or death.
]
 	
If you or somebody wey you know dey use synthetic cathinones, na important say una seek medical help. Medical help no be failure.
 	
[
* **Symptoms of synthetic cathinone overdose:**
  * High blood pressure
  * Fast heartbeat
  * Difficulty breathing
  * Seizures
  * Hallucinations
  * Agitation
]
 	
If you don use synthetic cathinones and dey feel bad, go find medical help immediately. You no dey alone. Call one person wey you trust — your friend or family. For more information about drugs, visit findahelpline.com.
	Recovery Kernel — Guayd on New Drugs Wey Dey Affect Brain.

Slep wey dey help body fix and renew.	Main Compendium — Protocol 09,

If dis dey apply to you.	Okay.
	Sleep Architecture
Environmental redesign / reduce di way people fit enter.	Main Compendium — Protocol 05

Section 12 — Closing

SANCTUARY

Di tin wey make am hard to stop using 3-MMC no be say di withdrawal go dey long and tori-torious. Na because di drug self don design so dat e easy to take 'one more' dose, again and again, for many hours. To know say dis na how di drug dey work, and not say you get bad character, na im be di major battle. Di rest na exactly wetin Section 6 and Section 9 talk about: make sure you get all di information from a doctor, change di tins wey dey around you, and build your life with real things wey go give you joy – di tings wey 3-MMC never fit give you.

END OF GUIDE — DISCONTINUANCE PROTOCOL: 3-MMC

Harm reduction resource – no be medical advice – no be replacement for urgent medical care.

Crisis Resources: 988 (Suicide & Crisis Lifeline, call or text) | Crisis Text: HOME to 741741 | SAMHSA: 1-800-662-4357